

MOTIVATIONAL INTERVIEWING

PRESENTED BY

CLAUDIA J. WILCOX, ICADC/CADCII/CADC
THERAPEUTIC INTERVENTIONIST

6 CEU'S

ACCBO APPROVED

ACCEPTED BY IBADCC

FRIDAY, JULY 28, 2017

PEER RECOVERY SUPPORTS CENTER
963 S ORCHARD ST, STE 202, BOISE, ID 83705

FROM 9:00 AM - NOON - (LUNCH ON YOUR OWN)
1 PM - 4 PM

REGISTER FEE - \$115
MAKE CHECKS PAYABLE TO CLAUDIA WILCOX
MAIL TO: PO BOX 191124, BOISE, ID 83719

PRINT THIS PAGE, COMPLETE AND MAIL WITH REGISTRATION FEE

(PLEASE PRINT CLEARLY THE NAME YOU WANT ON YOUR CERTIFICATE)

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

ORGANIZATION AFFILIATED WITH:

OPTIONAL:

ARE YOU IN RECOVERY FROM SUBSTANCE ABUSE? Y/N IF SO, HOW
MANY YEARS? _____

DID YOU GO TO TREATMENT? Y/N IF YES CIRCLE ALL THAT APPLY
DETOX- RESIDENTIAL – OUTPATIENT

DID YOU DETOX IN JAIL? Y/N IF YES, FACILITY _____

DID YOU ATTEND AA/NA OR A FAITH BASED 12 STEP PROGRAM? Y/N
NAME: _____

DID YOU GO BACK TO SCHOOL TO EARN A DEGREE? Y/N AND/OR
ARE YOU STILL IN SCHOOL WORKING TOWARDS A HIGHER DEGREE? Y/N
WHAT DEGREE ARE YOU SEEKING? _____